MERITER HEALTH CENTER 334 WEST DOTY STREET

MADISON 53703 Phone: (608) 283-2100		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	120	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	120	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	113	Average Daily Census:	112

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups 	\{\bar{\}}		16.8 31.9
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)		Under 65 65 - 74	5.3 10.6	More Than 4 Years	16.8
Respite Care	No	Mental Illness (Other)	2.7	75 - 84	23.0	İ	65.5
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0.9	85 - 94 95 & Over	15.0	********************************** Full-Time Equivalent	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures		İ	100.0	Nursing Staff per 100 Res: (12/31/03)	
Other Meals Transportation	Yes No	Cardiovascular Cerebrovascular		65 & Over 		 RNs	14.2
Referral Service Other Services	No No	Diabetes Respiratory		Gender 			20.9
Provide Day Programming for Mentally Ill	No	Other Medical Conditions		Male Female	21.2 78.8	Aides, & Orderlies	38.5
Provide Day Programming for Developmentally Disabled	No	 	100.0		100.0	İ	
**************************************	140	 * * * * * * * * * * * * * * * * * * *	*****	 *************	100.0	 **************************	******

Method of Reimbursement

		edicare			edicaid itle 19			Other		:	Private Pay	:		amily Care			Managed Care			
Level of Care	No.	o _l o	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	ę	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	22	91.7	249	0	0.0	0	0	0.0	0	5	9.6	206	0	0.0	0	2	100.0	320	29	25.7
Skilled Care	2	8.3	249	35	100.0	122	0	0.0	0	43	82.7	195	0	0.0	0	0	0.0	0	80	70.8
Intermediate				0	0.0	0	0	0.0	0	3	5.8	191	0	0.0	0	0	0.0	0	3	2.7
Limited Care				0	0.0	0	0	0.0	0	1	1.9	191	0	0.0	0	0	0.0	0	1	0.9
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	24	100.0		35	100.0		0	0.0		52	100.0		0	0.0		2	100.0		113	100.0

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MERITER HEALTH CENTER

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of 12	2/31/03
Deaths During Reporting Period	- 1						
	-				% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	1.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.2	2	1.8		33.6	64.6	113
Other Nursing Homes	2.6	2	1.8		44.2	54.0	113
Acute Care Hospitals		3	13.3			34.5	113
Psych. HospMR/DD Facilities	0.0		11.5		54.0	34.5	113
Rehabilitation Hospitals	0.2	2	54.9		25.7	19.5	113
Other Locations		******	******	*****	*****	*****	*****
Total Number of Admissions	425	Continence		용	Special Trea	tments	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	12.4	Receiving	Respiratory Care	8.0
Private Home/No Home Health	7.0	Occ/Freq. Incontinent	t of Bladder	74.3	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	51.6	Occ/Freq. Incontinent	t of Bowel	70.8	Receiving	Suctioning	0.0
Other Nursing Homes	3.3				_	Ostomy Care	1.8
Acute Care Hospitals	11.4	Mobility			_	Tube Feeding	0.9
Psych. HospMR/DD Facilities	0.2	Physically Restraine	d	0.9	Receiving	Mechanically Altered Die	cs 27.4
Rehabilitation Hospitals	0.7						
Other Locations	12.1	Skin Care			Other Reside	nt Characteristics	
Deaths	13.6	With Pressure Sores		11.5	Have Advan	ce Directives	81.4
Total Number of Discharges		With Rashes		0.9			
(Including Deaths)	428				Receiving	Psychoactive Drugs	49.6

	This Other Hospital-		P	All	
	Facility	Based Facilities		Faci	lties
	%	8	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	90.1	1.04	87.4	1.07
Current Residents from In-County	92.0	83.8	1.10	76.7	1.20
Admissions from In-County, Still Residing	12.2	14.2	0.86	19.6	0.62
Admissions/Average Daily Census	379.5	229.5	1.65	141.3	2.69
Discharges/Average Daily Census	382.1	229.2	1.67	142.5	2.68
Discharges To Private Residence/Average Daily Census	224.1	124.8	1.80	61.6	3.64
Residents Receiving Skilled Care	96.5	92.5	1.04	88.1	1.09
Residents Aged 65 and Older	94.7	91.8	1.03	87.8	1.08
Title 19 (Medicaid) Funded Residents	31.0	64.4	0.48	65.9	0.47
Private Pay Funded Residents	46.0	22.4	2.05	21.0	2.20
Developmentally Disabled Residents	0.9	1.2	0.74	6.5	0.14
Mentally Ill Residents	15.0	32.9	0.46	33.6	0.45
General Medical Service Residents	35.4	22.9	1.54	20.6	1.72
Impaired ADL (Mean)*	62.7	48.6	1.29	49.4	1.27
Psychological Problems	49.6	55.4	0.89	57.4	0.86
Nursing Care Required (Mean) *	6.3	7.0	0.90	7.3	0.86